

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16346

State File No.

FILED MAY 26 1955

BIRTH NO.

REG. DIST. NO. 899

PRIMARY REG. DIST. NO. 6026

Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Carrol		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Carrol Twsp.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 miles SW of Centerville		d. STREET ADDRESS (If rural, give location) 2 miles SW of Centerville	
3. NAME OF DECEASED (Type or Print) GEORGE BRUITT SCOGGIN		4. DATE OF DEATH (Month) (Day) (Year) May 16 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 2 1897
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) caretaker	11. BIRTHPLACE (State or foreign country) Glover Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Luther Scoggin	
13b. MOTHER'S MAIDEN NAME Rosa Bruitt		14. NAME OF HUSBAND OR WIFE Mary Brooks Scoggin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME Charles Scoggin, Ironton Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion of Heart.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00P m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Dr. J. R. Purdie, Coroner		23b. ADDRESS Centerville, Mo.	
23c. DATE SIGNED May 19, 55		24a. BURYAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 5-18-55		24c. NAME OF CEMETERY OR CREMATORY Big Creek Cemetery	
24d. LOCATION (City, town, or county) (State) Glover Missouri		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo.	
DATE REC'D BY LOCAL REG. 5/23/55		REGISTRAR'S SIGNATURE E. M. [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

and S. White

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 26 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Arthur J. White

Licensed Embalmer No. 3012

P. O. Address Irwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.